FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an amendment	nt and name has changed, and indicate change.)	-
Idling Solutions, L.L.C 10% Convertible Note	s	
Filing Under (Check box(es) that apply): Rule	504 Rule 505 Rule 506 Section 4(6	D ULOE PROCESSED
Type of Filing:		oococD
		DEC 1.9 2000
	A. BASIC IDENTIFICATION DATA	DEC 1 8 2006
1. Enter the information requested about the issuer		4 THOMSON
Name of Issuer ( check if this is an amendment a	nd name has changed, and indicate change.)	FINANCIAL
Idling Solutions, L.L.C.		· ····································
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5000 Legacy Drive, Suite 470, Plano, Texas 75	5024	(972) 943-6000
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Assembles and distributes anti-idling solutions	for the commerical truck, recreational and n	narine industries.
Type of Business Organization		
		(please specify):
U districts irust I imited	2	mited liability company
	Month Year	
Actual or Estimated Date of Incorporation or Organiz		imated
Jurisdiction of Incorporation or Organization: (Enter	two-letter U.S. Postal Service abbreviation for Sta for Canada; FN for other foreign jurisdiction)	
CN	ioi Canada, i iv ioi omei foreign juristretton)	

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Webb, David E. Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Pajak, Michael A. Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Wheeler, L. Allen Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 Check Box(es) that Apply: Promoter Z Director General and/or Managing Partner Full Name (Last name first, if individual) Burkhalter, Henry M. Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer **✓** Director General and/or Managing Partner Full Name (Last name first, if individual) Cole, Harold M. Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 Check Box(es) that Apply: Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Coward, Ernest M. Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Maximum Charge Company L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 5000 Legacy Drive, Suite 470, Plano, Texas 75024 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. IN	FORMATIC	ON ABOUT	OFFERIN	'G				
1. Has the	issuer sold	, or does th	e issuer int	tend to sel	L to non-ac	credited in	vectore in	this offerin			Yes	No
11 1145 1110	133401 3010	i or does in			Appendix,				-	***************************************		X
2. What is	the minim	um investm					_			***************************************	s 50,0	00.00
											Yes	No
		permit joint									X	
commis If a pers or state:	sion or sim son to be lis s, list the na	ion request ilar remune ted is an ass ime of the b you may so	ration for so lociated per roker or dea	olicitation son or age aler. If mo	of purchase nt of a broke re than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	sales of sec with the Sl ed are assoc	urities in th EC and/or v	e offering. with a state		
Full Name ( N/A	Last name	first, if indi	vidual)		-				. "			
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Zi	p Code)	· <del></del> -			·		
		·										
Name of As	sociated Bi	oker or De	aler									
States in WI	nich Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers	<del>, ,,,</del>	•				
(Check	"All States	or check	individual	States)	••••••	•••••				***************************************	☐ A1	States
[AL]	ΛK	AZ.	AR	CA	CO	СТ	DE	[DC]	FL	GA	Ш	[ID]
IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	[NV]	NH	NJ	NM NM	NY	NC	ND	OH	ŌK]	OR	PA
[RI]	[SC]	[SD]	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (	Last name	first, if ind	ividual)									
Business of	r Residence	Address ()	Number and	d Street C	lity State 7	7in Code)						
13113111433 ()	· Nessuelle	71447633 (1	vuineer am	a Street, C	ity, State, 2	sip code)						
Name of As	sociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit I	Purchasers		<del></del>			<del></del>	
(Check	"All State	s" or check	individual	States)					*******************	***************************************	☐ A1	1 States
AL	ĀK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK)	OR	PA
RI	SC	SD	[TN]	TX	[UT]	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	e Address (	Number an	d Street C	"ity State	7in Code)		<del></del>				
			umi/c( d)(	- Ontol. C	, Giato,	orp Code)						
Name of As	sociated B	roker or De	aler				, , , , , , , , , , , , , , , , , , , ,			· · · · · ·		
States in W	hich Perso	n Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers	<del>.</del>			<u>.</u>		
		s" or check							******		. ПA	ll States
AL IL	AK IN	AŽ IA	AR KS	CA KY	CO. LA	CT [ME]	DE MD	DC MA	(FL) (MI)	GA MN	HI MS	ID
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR)	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV)	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	2,000,000.00	\$ 800,000.00
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	3	\$
	Partnership Interests		
	Other (Specify)		
	Total	2,000,000.00	\$ 800,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$_800,000.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] \$ <u>0.00</u>
	Printing and Engraving Costs		§ 0.00
	Legal Fees	_	\$ 12,500.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)	<u> </u>	\$ 0.00
	Other Expenses (identify)	_	. 0.00
	Total	_	\$ 12,500.00

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Que proceeds to the issuer."	estion 4.a. This difference is the "adjusted gross		1,987,500.00
5.	Indicate below the amount of the adjusted gross procee each of the purposes shown. If the amount for any proceeds the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C-	urpose is not known, furnish an estimate and payments listed must equal the adjusted gross		
			Payments to Officers, Directors. & Affiliates	Payments to Others
	Salaries and fees		\$_0.00	\$ 0.00
	Purchase of real estate		S_0.00	<u>\$0.00</u>
	Purchase, rental or leasing and installation of machin	ery		s_0.00
	Construction or leasing of plant buildings and facilities	ies	s 0.00	so.oo
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	or securities of another		\$ 0.00
	Repayment of indebtedness			\$\ 0.00 \(\sigma\)\\$ 1,987,500.00
	Working capital  Other (specify):		\$\\ 0.00\\ \nabla \$\\ 0.00\\ \nabla \text{\$\\ 0.	_ \[ \s \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			\$_0.00	
	Column Totals		S 0.00	\$1,987,500.00
	Total Payments Listed (column totals added)		<u> </u>	,987,500.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the ur nature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	sh to the U.S. Securities and Exchange Commi	ission, upon writ	
lss	uer (Print or Type)	Signature	Date	
ld	ling Solutions, L.L.C.	Sair Well	November 3	, 2006
	· · · · · · · · · · · · · · · · · · ·	Mile of Signer (Print or Type) Chief Executive Officer		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Provisions of such rule?

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.

See Appendix, Column 5, for state response.

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Algnature Date
Idling Solutions, L.L.C.	November 3, 2006
Name (Print or Type)	Title (Print or Type)
David E. Webb	Chief Executive Officer

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-ac investors (Part B-	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pure	nvestor and chased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR						:				
CA										
СО										
СТ										
DE										
DC										
FL		×	10% Conv. Note	1	\$300,000.00	0	\$0.00		K	
GA										
HI										
ID										
IL										
IN										
IA			-							
KS				i 						
KY										
LA										
МЕ										
MD						-				
МА										
MI										
MN										
MS	***************************************							- Lawrence		

	APPENDIX									
1	Intend to non-a investor	to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State  (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
МО		×	10% Conv. Note	1	\$300,000.00	0	\$0.00		x	
МТ										
NE										
NV										
NH										
NJ										
NM			The second secon							
NY						· · · · · · · · · · · · · · · · · · ·				
NC			and the second s			<u> </u>				
ND			AP .							
ОН				ļ 				<u> </u>		
ОК		×	10% Conv. Note	1	\$200,000.0	0	\$0.00		×	
OR										
PA										
RI	A Marrier of Assessment Comments									
SC	_,									
SD			 							
TN										
TX										
UT										
VT										
VA										
WA										
wv										
WI			-							

				APPI	ENDIX					
1		2	3		4					
	to non-a investor	I to sell accredited as in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		Disqualification under State ULC (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
WY										
PR			-							